

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 091311, 918 FILING DATE 5/14/99
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
3				/		
4				/		
5				/		
6				/		
7				/		
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50						
TOTAL IND.	3		3			
TOTAL DEP.	17		17			
TOTAL CLAIMS	20		20			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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